

## PART B - FEE(S) TRANSMITTAL

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(703) 746-4000**

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

34206 7590 11/26/2003

FOGG AND ASSOCIATES, LLC  
P.O. BOX 581339  
MINNEAPOLIS, MN 55458-1339



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                           |                    |
|---------------------------|--------------------|
| Elizabeth A. Bauer        | (Depositor's name) |
| <i>Elizabeth A. Bauer</i> | (Signature)        |
| February 25, 2004         | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.      | CONFIRMATION NO. |
|-----------------|-------------|----------------------|--------------------------|------------------|
| 09/846,795      | 05/01/2001  | Jack H. Linn         | 87552.055101/SE-1472TD.A | 7145             |

TITLE OF INVENTION: BONDED SUBSTRATE FOR AN INTEGRATED CIRCUIT CONTAINING A PLANAR INTRINSIC GETTERING ZONE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

|                |    |        |       |        |            |
|----------------|----|--------|-------|--------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 02/26/2004 |
|----------------|----|--------|-------|--------|------------|

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| SARKAR, ASOK K | 2829     | 438-458000     |

- |                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).<br><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.<br><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Intersil Americas Inc.

Milpitas, California

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

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4b. Payment of Fee(s):

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A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 503432 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

|                            |                  |
|----------------------------|------------------|
| (Authorized Signature)<br> | (Date)<br>2-25-4 |
|----------------------------|------------------|

03/03/2004 EAREGAY2 00000184 09846795

|            |            |
|------------|------------|
| 01 FC:1501 | 1330.00 OP |
| 02 FC:1504 | 300.00 OP  |

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TRANSMIT THIS FORM WITH FEE(S)



|                     |                     |
|---------------------|---------------------|
| Applicant           | Jack H. Linn et al. |
| Serial No.          | 09/846,795          |
| Filing Date         | May 1, 2001         |
| Group Art Unit      | 2829                |
| Examiner Name       | Asok K. Sarkar      |
| Allowed             | November 26, 2003   |
| Confirmation No.    | 7145                |
| Attorney Docket No. | 125.013US02         |

**GENERAL  
TRANSMITTAL  
FORM UNDER 37 CFR 1.8  
(LARGE ENTITY)**

Title: BONDED SUBSTRATE FOR AN INTEGRATED CIRCUIT CONTAINING A PLANAR GETTERING ZONE

MAIL STOP ISSUE FEE  
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P.O. Box 1450  
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**Enclosures**

The following documents are enclose

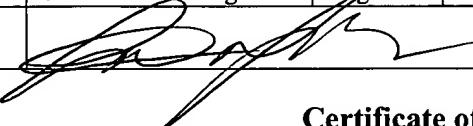
- Form PTOL-85B (Issue Fee Transmittal) in duplicate.  
 Credit Card Payment Form (1 pg.), for Issue Fee and Publication Fee..  
 A return postcard.

**CUSTOMER NO. 34206**

Fogg & Associates, LLC  
P.O. Box 581339  
Minneapolis, MN 55458-1339  
T - (612) 332-4720  
F - (612) 332-4731

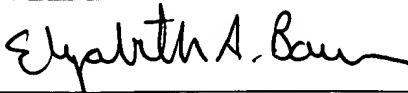
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**Submitted By**

|           |                                                                                     |          |        |           |                   |
|-----------|-------------------------------------------------------------------------------------|----------|--------|-----------|-------------------|
| Name      | Scott V. Lundberg                                                                   | Reg. No. | 41,958 | Telephone | (612) 332-4720    |
| Signature |  |          |        | Date      | February 25, 2004 |

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I certify that this correspondence and the identified documents listed on this transmittal are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 25, 2004.

|      |                    |           |                                                                                      |
|------|--------------------|-----------|--------------------------------------------------------------------------------------|
| Name | Elizabeth A. Bauer | Signature |  |
|------|--------------------|-----------|--------------------------------------------------------------------------------------|